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AUTHOR De Leo, Diego; And Others
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ABSTRACT

Attitudes about suicide were examined among older adults in Padua, Italy and were compared to attitudes of younger subjects. Elderly subjects (N=246) consisted of 122 adults living in residential homes, 73 medical inpatients of a geriatric hospital, and 51 depressed inpatients with primary affective disorders. Younger subjects (N=263) consisted of 27 high school students, 100 university freshmen, 70 blue collar workers, and 66 inpatients of the general hospital. All subjects completed the Suicide Attitude Questionnaire. The results revealed a statistically significant difference between the overall populations of elderly and younger subjects, indicating a much lower attitude to suicide among the elderly than among younger subjects. A significantly higher attitude to suicide was found among the depressed inpatients than among medical inpatients. Higher scores were generally observed among older women than among older men. As a hypothetical suicidal method, the elderly subjects preferred drugs, gas, and jumping. The literature reveals that suicide methods chosen by the elderly who do attempt suicide--other than drugs--are hanging and drowning. This finding suggests that the elderly subjects studied here were oriented toward the "softer" means of suicide because overall they were not at high risk for suicide. (NB)

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ATTITUDE TO SUICIDE IN ELDERLY PEOPLE

De Leo D*, Citron P, Banon D, Da Re S*, Balocchi A*, Magni G, Melodia C, Pavan L.

* Dept. of Clinical Psychiatry, Psychogeriatric Unit (Coordinator: D. De Leo) and Dept. of Psychiatry (Head of Dept.: L. Pavan), University of Padua, School of Medicine, Italy.

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Our approach to suicidology involves a mulltifactorial perspective, which appears to correspond best to the multiple facets of a complex phenomenon such as suicide, and that of "attitude", this last understood not as a basic characteristic of personality but rather as the product of a the interaction of various psychic and somatic factors, whether hereditary or acquired (educational, cultural, social, etc.).

In the example of measurement presented, our intention was to carry out an evaluation of attitude to suicide according to this approach in a heterogenous population of elderly subjects, comparing them to subjects of different age groups.

MATERIALS AND METHODS

The population examined was made up of 246 elderly subjects, all self-sufficient, 107 males and 139 females (mean age 76.78 years [range 65-101]), sampled from residential homes (122 subjects) and a geriatric hospital (124 subjects). Of the hospital in-patients, 51 subjects with primary affective disorders (DSM III) were recruited consecutively to form a sub group of depressed subjects. The remaining in-patients (73 subjects) were recruited from medical wards.

The elderly population was compared with a group of youths and adults (263 subjects: 119 men and 144 women, mean age of 27.21, SD 12.19). This population included 27 high school students (18 males and 9 females, mean age 16.63, SD 1.00), 100 university freshmen (36 women and 64 men, mean age 19.73 and DS 1.08), 70 blue collar workers (25 men and

45 women, mean age 26.42 and SD 7.48) and 66 in-patients of the general hospital (40 men and 26 women, mean age 41.30 and SD 9.11).

Diekstra and Kerkhof's SUIATT (Suicide Attitude) (1) was administered to all subjects. This latter is a 77 item, quantitative-qualitative questionnaire with a scoring range of 76 to 380: high scores correspond to a low attitude to suicide, and vice versa. The use of the test was expressely authorized by the authors.

RESULTS

Total mean scores on the SUIATT showed a statistically significant difference ($p<.0001$) between the overall populations of elderly and young/adult populations, indicating a much lower attitude to suicide among the elderly than among the younger subjects (320.73 vs 300.91) (Tab. 6).

A significantly higher attitude to suicide was found among the depressed in-patients (51 subjects) than among the medical in-patients (310.44 vs 325.23, $z=3.05$, $p<.005$), and also than among the old persons' home residents (310.44 vs 320.71, $z=2.99$, $p<.005$). Dividing by sex within the elderly population, higher scores were generally observed among the women than among the men (indicating a lower attitude to suicide among the former).

In the overall elderly population the SUIATT scores were positively correlated only with the variable "resident in home for the elderly" ($r=.13$, $p<.032$), while they were inversely correlated with years of schooling ($r=-.15$, $p<.01$

for university freshmen, with physical health ($r=25$, $p<.001$) and with poverty of affective bonds ($r=-.22$, $p<.001$).

The SUIATT scores of the elderly women are correlated with practically the same variables as those cited before, with the important exception of the positive association with age. This is to say that, in women, scores on the questionnaire increase with age, i.e. attitude to suicide diminishes. Some interesting differences were found in the sub-group of men: first of all, age proves to be inversely correlated with SUIATT scores, i.e. attitude to suicide increases with age in men. Residence in a home, on the other hand, offers no protection to the men; there is also a strong correlation between previous suicide attempts and the recurrence of suicidal ideas.

A multiple regression analysis confirmed the importance and the weight of the variable "previous suicide attempts", which in men accounted for 15% of the total variance. Another 9% of variance was due to the variable "being in good health". In fact, it is worth noting that in the group of elderly in-patients admitted for various pathologies, the risk of suicide was the lowest of all groups (the highest mean scores are: 325.23 overall population, 319.83 men and 329.211 women). A further 7% of variance was accounted for by the indication of drugs as a possible method of suicide.

In total, the variance explained was 31% in men and 21.6% in women. In the latter, 8% of variance was linked to poverty of affective bonds, 7.6% to "being in good health" and the remaining 6% to education level (high school).

In the young population, the lowest SUIATT scores were obtained by teenagers (289.96): although these scores were

not significantly different from those of the university freshmen and those of the blue collar workers, they did differ from those of the medical in-patients. It should be said that this latter sub-group had a considerably lower mean age (41.30, SD 9.11) than the elderly population, and similar scores on the SUIATT. This lends some support to the finding of an overall reduction of attitude to suicide with increasing age.

Numerous other indications emerged from the application of the test in the elderly. For example, it was found that the principal hypothetical motivations to suicide include chronic painful, incurable and disabling diseases. In the younger subjects, such diseases figured with an equal importance and were chosen with the same order of precedence. These were followed by being responsible for somebody's death and serious psychiatric disease.

In the elderly population, 6 subjects (2.44%) reported previous suicide attempts, two of them twice (0.81%). 3 subjects (1.14%) in the young/adult population declared that they had once attempted to take their own lives .

Among the methods indicated by the elderly for a hypothetical suicide, 28.9% chose taking drugs; 13% indicated household gas, another 13% jumping from a height, 4.8% drowning, 3.6% firearms, another 3.6% cutting their veins and 2.8% hanging. About ¼ of the elderly subjects and the same proportion of the younger subjects (24.3%) preferred not to answer.

DISCUSSION AND CONCLUSIONS

The study permits some observations. First of all, attitude to suicide appears to diminish with increasing age, at least until the fifth decade of life. The first break point occurs at the age of roughly 55 years: at this point, womens' scores begin to drop suddenly while the mens' continue to rise. It is possible, but not proven, that this phenomenon may relate to the menopausal period, which is notoriously critical for women. Men of this age, on the other hand, continue to be productive and actively involved in society. At about the age of 65 years, there is another notable inversion of tendencies, male scores beginning a marked and definitive downward trend while womens' scores begin to rise, achieving considerable stability in old age.

Depression is certainly of considerable importance in the total calculation of attitude, as witnessed by the appreciably and significantly lower scores of the sub-group with affective disorders. The most stimulating finding probably relates to the physical diseases, whose presence seems to provide a considerable counter to risk of suicide. The highest scores on the SUIATT, in both young and elderly subjects, were obtained by the medical in-patients. Although it is reasonable to presume that the hospital setting may play an important protective role and may hence have a marked influence on the interpretation of this finding, and despite the fact that the variables considered in this study do not discriminate for the severity of the physical disease, a confirmation for our hypothesis is given by the importance of the variable "being in good health", which was inversely correlated with score on the questionnaire.

Consequently, it seems logical to surmise that the individual who is engaged in the struggle against a phase of disease may be distracted from other existential problems.

Cultural levels also influence SUIATT scores in both elderly and young/adult subjects, "punishing" the more privileged levels. It is equally understandable that relational solitude, usually in the sense of being single or widowed, correlates strongly with attitude to suicide.

No correlation was found between social class and SUIATT scores.

In relation to the designation of situations at higher risk for suicide, the highest scores for attitude among the elderly population were concentrated in the selection of the painful chronic, incurable and disabling diseases. It is reasonable to suppose that once the danger of loss, psychiatric pathology, or other serious life situation has been overcome, the worries of the elderly become concentrated on the body. However, the young also indicated the same choices in the same order of designation. In the place of the indication given by the elderly "being old and crippled" (in fourth place), the young subjects placed "being responsible for someone's death".

The evaluations relating to past suicide attempts or suicidal thoughts, although far from constituting epidemiological dimensions, show rather high percentages of attempts and demonstrate a clear prevalence of attempts among the elderly.

As a hypothetical suicidal method, the elderly preferred drugs (28.9%), gas (13%) and jumping from a height (13%). From the literature (10, 11), we find instead that

the methods - other than drugs - almost ubiquitously adopted by the elderly are hanging (which is, instead, practically absent in the indications of our subjects [2.8%]) and drowning. It may be inferred that that the population examined here is oriented towards the "softer" means of suicide (drugs and gas) because overall they are in reality not at high risk for suicide.

1) Diekstra RFW, Kerkhof A: Preliminary findings on the Suicide Attitude Questionnaire. In "Adances in Suicidology", R Maris, RFW Diekstra, S Platt (eds.), Brill, Boston, 1986.

Figure 1

Suicide in 22 European Countries 1955-59 and 1975-79
for persons aged 65 - 84 (standard mortality rates)*

MALES

country	period 55-59	period 75-79
1. Hungary	91,17	139,19
2. Czechoslovakia	80,61	70,56
3. France	70,99	58,76
4. Switzerland	69,70	56,58
5. Belgium	63,97	64,33
6. Portugal	60,68	49,25
7. Austria	59,84	74,69
8. Finland	59,09	62,93
9. Bulgaria	57,55	71,94
10. Sweden	56,83	43,53
11. Denmark	55,27	51,07
12. FRG	48,58	53,47
13. England & Wales	42,50	18,44
14. Netherlands	32,33	27,60
15. Spain	27,05	21,01
16. Italy	26,64	26,52
17. Scotland	24,84	15,29
18. Norway	21,41	24,67
19. Poland	17,90	26,16
20. Greece	13,78	10,28
21. Northern Ireland	9,60	8,09
22. Ireland	8,53	9,13

FEMALES

country	period 55-59	period 75-79
1. Hungary	31,75	65,99
2. Czechoslovakia	30,40	28,20
3. Denmark	26,76	30,84
4. Austria	25,37	27,99
5. FRG	21,51	27,20
6. France	21,11	20,17
7. Bulgaria	20,72	24,93
8. England & Wales	19,39	11,42
9. Belgium	18,76	26,38
10. Switzerland	17,93	23.31
11. Netherlands	17,77	14,99
12. Sweden	12,49	16,13
13. Finland	10,71	14,20
14. Portugal	9,26	10,46
15. Scotland	9,26	7,27
16. Italy	7,34	8,04
17. Spain	6,77	5,66
18. Norway	6,25	6,85
19. Northern Ireland	5,33	4,27
20. Poland	4,04	5,98
21. Greece	3,17	3,69
22. Ireland	1,28	4,17

Source: WHO/EURO, Copenhagen

* based on average rates

TABLE 1
CHARACTHERISTICS OF THE SAMPLES

	source	N	m/f	mean age	sd
OLD	Old Persons Home Res.	122	55/67	78.15	9.87
	Geriatric Hospital:				
	gen. med. in-patients	73	31/42	74.58	6.54
	depressed in-patients	51	21/30	73.53	8.33
	ALL	246	107/139	76.78	8.09
YOUNG/ ADULT	High School Students	27	18/9	16.63	1.00
	Freshmen	100	36/64	19.73	1.08
	Blue-Collar Workers	70	25/45	26.43	7.47
	General Hospital in-patients	66	40/26	41.30	9.11
	ALL	263	119/144	27.61	12.19

TABLE 2

MARITAL STATUS

	OLD		YOUNG/ADULT		ALL	
	n	%	n	%	n	%
married	117	22.98	90	17.69	207	40.67
unmarried	20	3.93	167	32.81	187	36.74
widowed	101	19.85	2	0.39	103	20.24
separated	6	1.18	4	0.78	10	1.96
divorced	2	0.39	-	-	2	0.39
	246	48.33	263	51.67	509	100.00

TABLE 3

EDUCATION LEVEL

	OLD		YOUNG/ADULT		ALL	
	n	%	n	%	n	%
primary	154	30.26	35	6.87	189	37.13
intermediate	57	11.21	63	12.37	120	23.58
high school	29	5.69	157	30.84	186	36.53
university	5	0.99	8	1.58	13	2.57
none	1	0.19	-	-	1	0.19
	246	48.34	263	51.66	509	100.00

TABLE 4

SOCIAL CLASS

	OLD		YOUNG/ADULT		ALL	
	n	%	n	%	n	%
low	61	11.98	8	1.57	69	13.55
middle-low	96	18.87	123	24.16	219	43.03
middle-high	54	14.54	107	21.02	181	35.56
high	15	2.95	25	4.91	40	7.86
	246	48.34	263	51.66	509	100.00

TABLE 5

MEDICAL PATHOLOGIES

	OLD		YOUNG/ADULT		ALL	
	n	%	n	%	n	%
Respiratory Diseases	14	10.08	10	7.19	24	17.27
Cardiovascular Diseases	28	20.14	11	7.92	39	28.06
CNS Diseases	8	5.75	6	4.32	14	10.07
Endocrine Diseases	3	2.16	9	6.47	12	8.63
Others	20	14.39	30	21.58	50	35.97
	73	52.52	66	47.48	139	100.00

TABLE 6

CHARACTHERISTICS OF THE GROUPS

	All			Male			Female		
	n	age	suiatt	n	age	suiatt	n	age	suiatt
OLD PERSONS'HOME RES.	122	78.78 ±9.62	320.71 ±27.95	55	75.00 ±8.64	316.06 ±20.97	67	79.62 ±9.70	321.74 ±29.31
Depressed in-patients	51	73.54 ±8.33	310.44 ±30.31	21	74.45 ±7.76	309.09 ±37.22	30	73.20 ±8.63	310.93 ±28.08
G.H. elderly in-patients	73	74.59 ±6.54	325.23 ±21.29	31	75.41 ±6.59	319.83 ±27.07	42	73.97 ±6.50	329.21 ±14.88
ALL	246	76.78 ±8.09	320.73 ±26.43	107	75.33 ±7.12	316.16 ±27.55	139	77.39 ±8.43	322.68 ±25.80
Teen-agers	27	16.63 ±1.00	289.96 ±32.09	18	16.22 ±0.99	295.55 ±34.98	9	17.44 ±0.52	278.77 ±23.14
Freshmen	100	19.73 ±1.08	295.05 ±25.09	36	19.94 ±1.41	290.44 ±24.04	64	19.60 ±0.82	297.64 ±25.43
G.H. young inpatients	66	41.30 ±9.11	320.88 ±22.09	40	42.35 ±8.25	317.77 ±22.01	26	39.69 ±10.24	325.65 ±21.76
Blue-Collar Workers	70	26.42 ±7.48	293.81 ±25.93	25	28.84 ±9.11	294.24 ±24.84	45	24.53 ±5.65	293.57 ±26.78
ALL	263	27.61 ±12.19	300.91 ±27.93	119	29.27 ±12.61	301.61 ±28.13	144	26.29 ±11.73	300.35 ±27.86

TABLE 7
SUIATT Scores: Significant Correlations
(Elderly Sample)

Variable	r	p
High School Education	-.14	.029
University Education	-.15	.016
Being Healthy	-.25	.000
Old Persons Home Residence	.13	.032
Brother as Nearest Person	-.22	.001
Drugs as Suicidal Method	-.13	.030
Fire Arm as Suicidal Method	-.15	.015

TABLE 8
SUIATT Scores: Significant Correlations
(Elderly Female Sample)

Variable	r	p
Age	.16	.027
High School Education	-.23	.004
University Education	-.14	.048
Being Healthy	-.26	.001
Old Persons Home Residence	.17	.023
Brother as Nearest Person	-.28	.023

TABLE 9
SUIATT Scores: Significant Correlations
(Elderly Male Sample)

Variable	r	p
Age	- 29	.014
University Education	-.26	.026
Being Healthy	-.29	.014
Firearm	-.28	.016
Previous Suicide Attempts	-.39	.001
Previous SuicidalIntentions	-.39	.001

TABLE 10
SUIATT Scores: Significant Correlations
(Young /Adult Sample)

Variable	r	p
Age	34	.000
High School Education	-.14	.010
Wife as Nearest Person	.14	.007
Mother as Nearest Person	-.23	.000
Previous Suicide Attempts	-.20	.000
Previous Suicidal Intentions	-.20	.000
Daughter as Nearest Person	.17	.000

TABLE 11
SUIATT Scores: Significant Correlations
(Young /Adult Male Sample)

Variable	r	p
Age	.40	.000
High School Education	-.27	.001
Being an In-patient	.16	.039
Mother as Nearest Person	-.24	.003
Previous Suicide Attempts	-.27	.001
Previous Suicidal Intentions	-.27	.001
Daughter as Nearest Person	.26	.002
Drugs as Suicidal method	-.15	.046

TABLE 12
SUIATT Scores: Significant Correlations
(Young /AdultFemale Sample)

Variable	r	p
Age	.28	.000
Mother as Nearest Person	-.23	.002
Previous Suicide Attempts	-.14	.038
Previous Suicidal Intentions	-.14	.038

TABLE 13

Hypothetical Suicidal Motivations

	OLD	YOUNG/ADULT
Suffering from severe chronic pain	4.31 ± 1.41	3.76 ± 1.22
Suffering from an incurable disease	4.41 ± 1.29	3.76 ± 1.27
Becoming severely disabled	4.45 ± 1.41	3.80 ± 1.21
Being old and crippled	4.48 ± 1.34	4.26 ± 1.12
Being left alone by the partner	4.67 ± 1.24	4.63 ± .80
Being admitted to a mental hospital	4.73 ± 1.11	4.04 ± 1.11
Not having children of their own	4.73 ± 1.25	4.74 ± .85
Being responsible for someone's death	4.74 ± 1.00	3.98 ± 1.12
Death of a very near and dear person	4.81 ± .87	4.55 ± .83
Having a disabled child	4.83 ± 1.04	4.78 ± .62
Losing job	4.87 ± .93	4.75 ± .67
Not founding a partner in the life	4.91 ± .65	4.66 ± .75

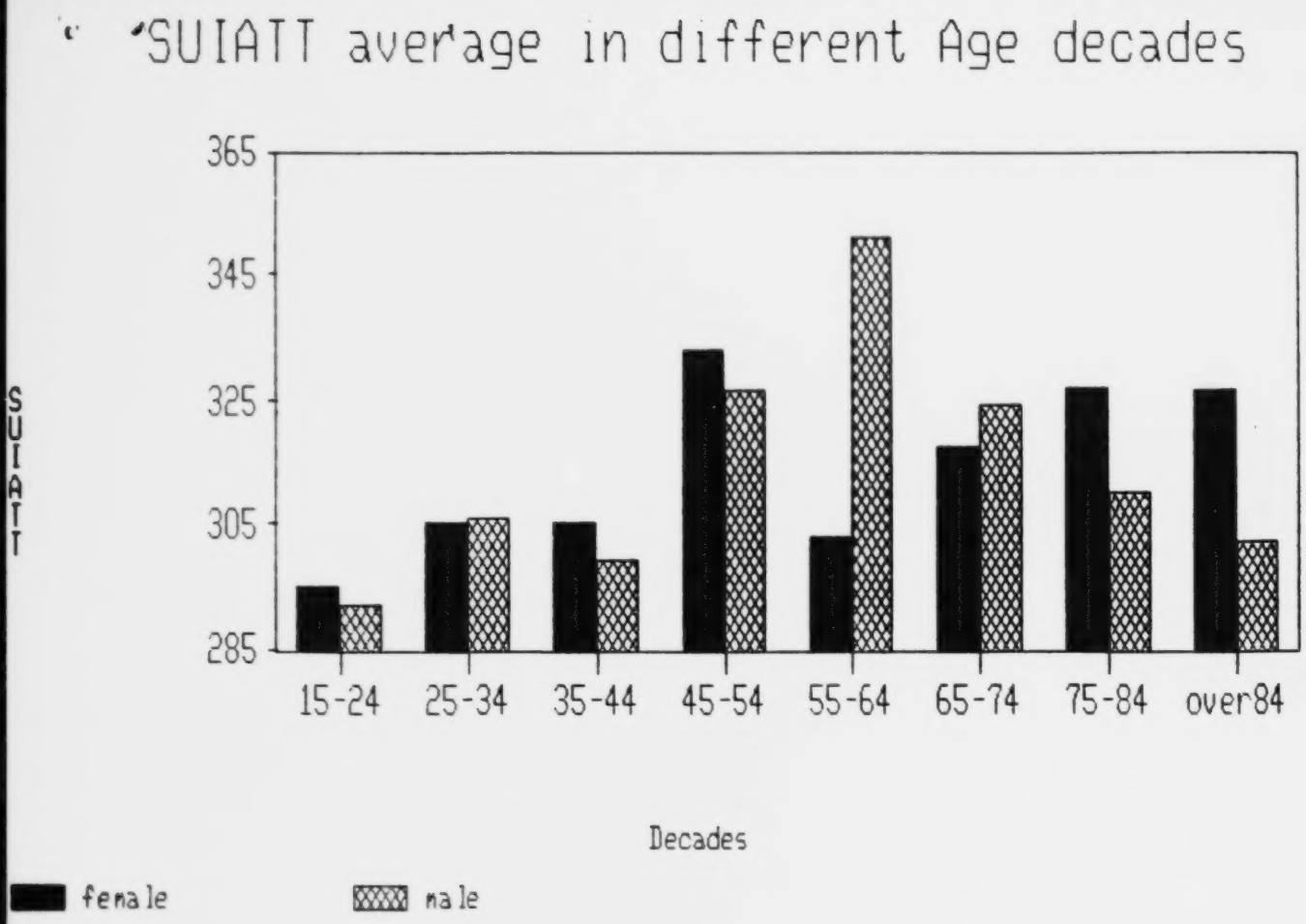
Table 14

Reffered suicide attempts

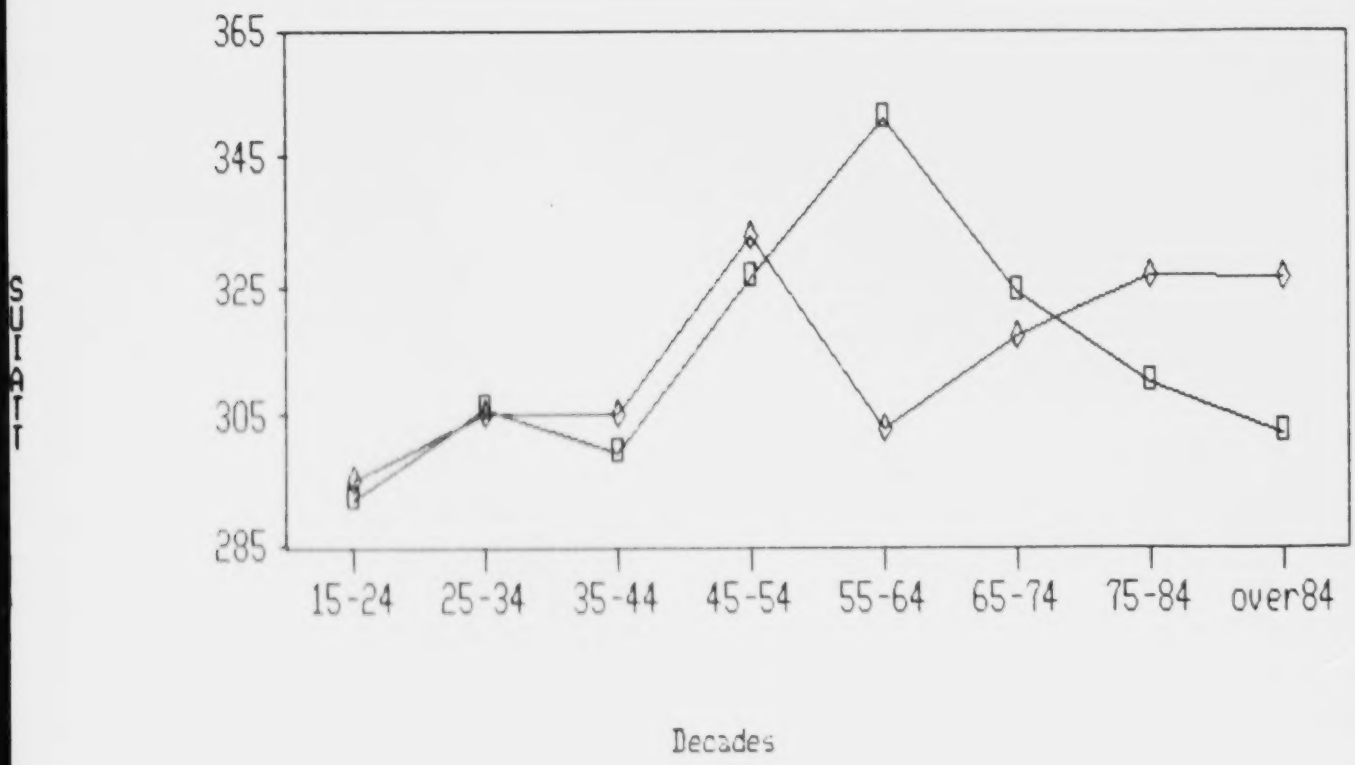
Frequency	OLD (n=246)	YOUNG/ADULT (n=263)	ALL (n=509)
Once	4(1.63%)	3(1.14%)	7(1.37%)
Twice	2(0.81%)	—	2(0.39%)
Several	—	—	—
Total	6(2.44%)	3(1.14%)	9(1.76%)

TABLE 15
CHOICE OF METHOD

Method	OLD		YOUNG/ADULT		ALL	
	n	%	n	%	n	%
None	60	24.3	64	24.3	124	24.3
Drowning	12	4.8	3	1.0	15	2.9
Gas	32	13.0	25	9.2	57	11.1
Drugs	70	28.9	81	30.7	151	29.8
Cutting veins	9	3.6	8	3.0	17	3.3
Firearm	15	6.0	39	15.4	54	10.7
Jumping from a height	32	13.0	13	4.6	45	8.8
Hanging	7	2.8	15	6.2	22	4.5
Throwing self in front of a vehicle	9	3.6	11	4.2	20	3.9
Other	0	0.0	4	1.4	4	0.7
ALL	246	100.0	263	100.0	509	100.0

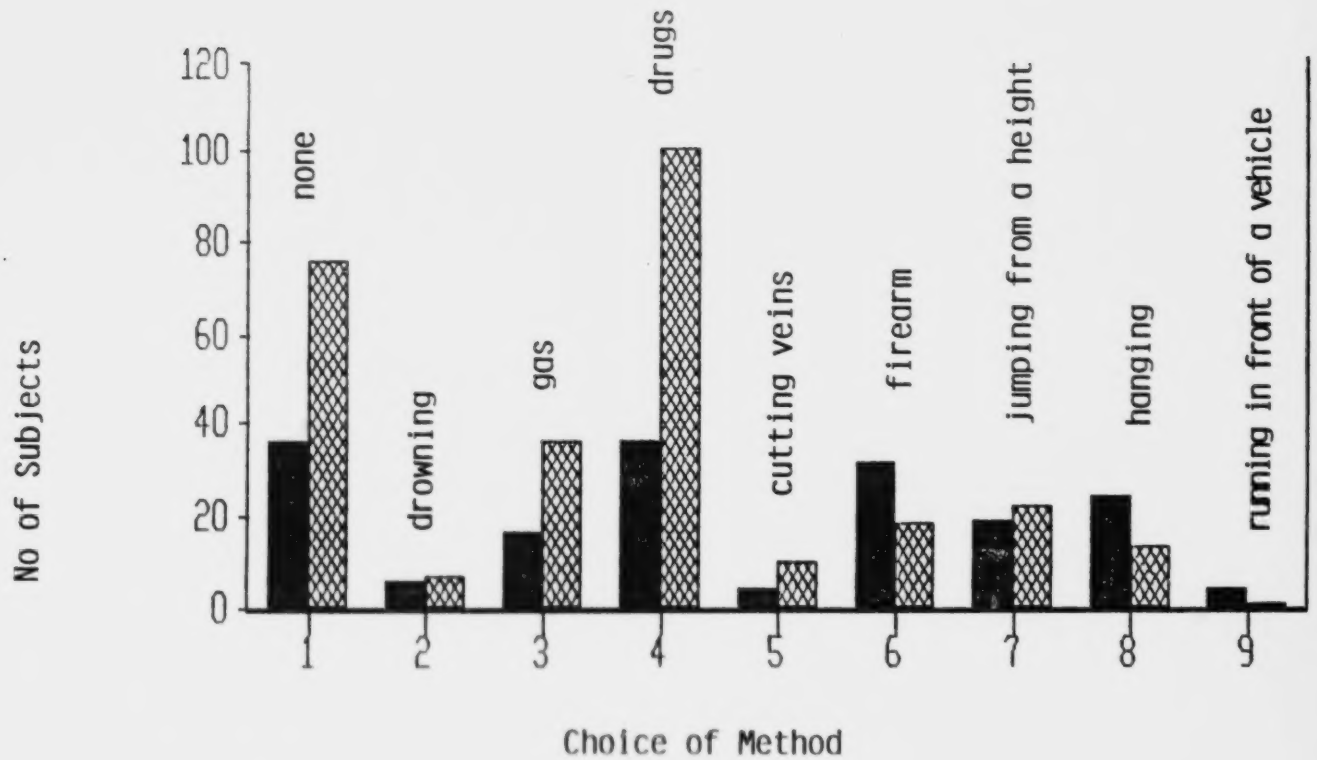

SUIATT average in different Age decades
365
345
325
305
285
SUIATT
15-24
25-34
35-44
45-54
55-64
65-74
75-84
over84
Decades
female
male

Graph 1a


SUIATT Scores in Different Age Decades
365
345
325
305
285
SUIATT
15-24
25-34
35-44
45-54
55-64
65-74
75-84
over84
Decades
female
male

Graph 1b

Graph 2


No of Subjects
120
100
80
60
40
20
0
none
drowning
gas
drugs
cutting veins
firearm
jumping from a height
hanging
running in front of a vehicle
1
2
3
4
5
6
7
8
9
Choice of Method
0 male
1 female